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Comparative Study Of Depression Level Between Aurangabad & Kashmiri Physical Education Students.

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ABSTRACT

The present study was aimed to compare the level of depression between Aurangabad and Kashmiri physical education students. A total of two hundred [200] subjects were taken, hundred [N=100] were belongs to Aurangabad and hundred [N=100] were from the Kashmiri physical education students from Kashmir were randomly selected for the collection of data. The DASS-21 (1995) level of depression was used on Aurangabad and Kashmiri physical education students. 21 items DASS Questionnaire was published In the Lovibond, S.H. & Lovibond, P.E., consists of items on three scales namely, Depression, Anxiety, and Stress. The comparison of the data revealed regarding depression between Aurangabad and Kashmiri students shown that significant difference existed when the total group of Aurangabad physical education students is compared with total group of Kashmiri physical education students. the age of the subjects ranging from 18-25 years old. The data collected for the selected psychological component were statistically analysed. The results were expressed as mean ± and standard deviation (S.D). differences between the groups were determined by t-test. The level of significance was set at 0.05.

Keywords: Depression

INTRODUCTION

Sadness and downturn in mood are symptoms that most people have experienced, and can be normal reactions to trauma or difficulties in life. The main difference between normal downturn in mood and depression is the severity of the symptoms, duration, and the gravity of impairment depression can have on person's daily functioning (Nolen Hoeksema, 2014).

Depression falls under mood disorders in Diagnostic and Statistical Manual of Mental Disorders or DSM-5, where it is called Major Depressive Disorder (American Psychiatric Association, 2013). To be diagnosed with MDD an individual must have five of the following symptoms every day during two weeks: depressed mood most of the day or markedly diminished interest or pleasure in activities, significant weight loss, insomnia or hypersomnia, psychomotor agitation or retardation, fatigue, feelings of worthlessness or inappropriate guilt, inability to think or concentrate, and recurrent thoughts of death. These symptoms have to be that severe that they are disturbing the daily life of the individual, and do not appear as a result of

substance use or to another medical condition (American Psychiatric Association, 2013). Depressive episodes are categorized by the severity of the symptoms, mild, moderate, or severe. Symptoms of depression can take a variety of forms, and it is common that they are mild in the beginning and can stay mild for a few months before they start to disturb the daily life of the individual. Therefore, it is important to detect these symptoms early to increase the possibility of preventing the development of a serious illness (Nolen-Hoeksema, 2014). People with mental disorders, specifically depression, are at high risk for suicide attempts (Nock et al., 2008). According to the World Health Organization (WHO), 350 million people of all ages suffer from depression, and women are twice more likely than men to develop the disorder (World Health Organization, 2012). Lifetime prevalence of MDD falls between 8 to 12% in most countries, with the 30 days to 12 months prevalence between 45% to 65%, and 12 months to lifetime is in the range from 40 to 55% (Andrade et al., 2003). MDD has been found to comorbid with anxiety disorders, chronic diseases like arthritis, asthma, diabetes, and heart diseases (Jiang, Krishan, & O'Connor, 2002; Moussavi et al., 2007). There are effective psychological treatments available for depression. For example, research on Cognitive Behaviour Therapy has shown to be as effective as medications for MDD (Derbies et al., 2005). Physical exercise has also been linked to decreased symptoms of depression, and research on aerobic exercise indicates that it can be an effective treatment for MDD of mild to moderate severity (Dunn et al., 2005). In spite of this, the majority of people with depression are likely to not receive any treatment at all for their disease. A possible explanation might be stigma towards mental disorders, lack of access to treatments, and lack of knowledge about the symptoms (World Health Organization, 2012).

Depression is the most likely adverse psychological outcome, the range of other possible ''psychological'' problems include ''burn- out,'' alcohol abuse, unexplained physical symptoms, ''absenteeism,'' chronic fatigue and accidents, sick building syndrome and repetitive strain injury (Hotopf, Wessely, 1997). Sadness and rejection are the most silent emotional symptoms of depression. The individual feels hopeless and unhappy; equally preserve is loss of gratification or pleasure in life. Activities that used to bring satisfaction become dull and joyless; the depressed person gradually loss interest in hobbies, recreation, and family activities. Depression is associated with a constellation of psychological, behavioral and physical symptoms as well (Cassano & Fava, 2002). The depressed person has negative thoughts, low self-esteem and low motivation for progress.

OBJECTIVES OF THE STUDY

To analysis and quantify the level of depression of the Aurangabad and Kashmiri physical education students. To analysis the effect of the different culture on the level of depression of the physical education students. To compare the level of depression of these two groups (Aurangabad and Kashmiri) physical education students by using the DASS-21 questionnaire

SIGNIFICANCE OF THE PROBLEM

The result of the study may help the physical education teachers / coaches to schedule the programme of mental level. The study may suggest effective teaching, training methods for physical education students. The coach/trainer will know about the level of depression in sports performance by predicting success of student to expect the peak performance.

HYPOTHESIS

H_1: there will be significant difference in depression level between Aurangabad and Kashmiri physical education students.

DELIMITATION OF THE PROBLEM

The study was conducted only on the physical education students of the Aurangabad and Kashmir region. The study was conducted on only male students. The study was conducted only on the age group of 18-25 years. The study was limited to only two hundred (200) students. By using DASS-21 standard questionnaire.

LIMITATION OF THE PROBLEM

There may be few factors which are beyond control research and hence may consider as limitation of study. Response of students towards the questionnaire may be limitation of the study. No specific motivational technique is used to motivate the subjects.

METHODOLOGY

The purpose of the study was to find out the level of depression among Aurangabad and Kashmiri students. This study was done under the survey method. The Aurangabad physical education college students and Kashmiri physical education college students were the population of study. A total of two hundred (N=100) Aurangabad students and hundred (N=100) Kashmiri students were randomly and purposely selected for the collection of data.

INDEPENDENT VARIABLES

DASS-21 test of depression level

DEPENDENT VARIABLES

Depression

INTERVENING VARIABLES

Depends on age, sex, social environment & culture

TOOLS

For assessing level of depression of Aurangabad and Kashmiri physical education students a 21 items DASS questionnaire was used. The questionnaire consists of items in three different scales namely; depression, anxiety and stress.

PROCEDURE

The result is established and compared to the established norms to determine the level of Depression among the subjects. The essential function of the DASS is to assess the severity of the core symptoms of the Depression, Anxiety and Stress. The scoring of each item was need to be multiplied by 2 to calculate the final score. There is no right or wrong answers in this DASS-21 questionnaire. The subjects were instructed not taken too much time over any questions. The questionnaire is distributed to the students in the class room. After completion of the questionnaire, questionnaire is collected and checked that no response was left unanswered.

INTERPRETATION AND DISCUSSION

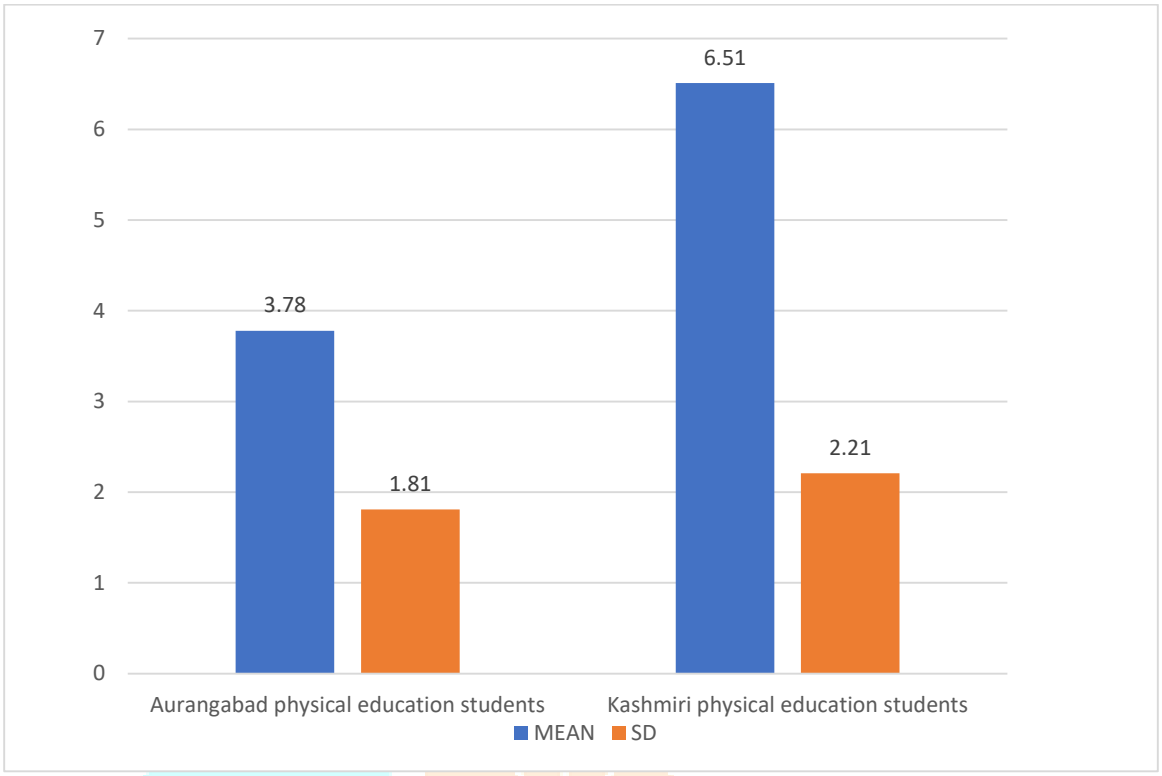
The comparison of the variable is analysed with t-test. The comparison between variable and standard deviation was performed by using the t-test. The interpretation and analysis of the variable are presented under the following table.

Table 1: comparison of mean score and standard deviation with regard to ‘Depression' between Aurangabad and Kashmiri physical education students (n=100)

Name of the group	mean	Standard deviation (SD)	‘t’ test
Aurangabad students	3.78	1.81	5.793*
Kashmiri students	6.51	2.21	

The significant level at 0.05

Graph no.1 : Mean, Standard Deviation of Depression



The comparison of the data revealed in table no 1 regarding Depression between Aurangabad and Kashmiri physical education students shown that significant difference existed when the total group of Aurangabad physical education students is compared with the total group of Kashmiri physical education students. The 't' value of 5.793 was found which is to be significant with degree of freedom 198 and while comparing the mean values it shows that Aurangabad students have less 'depression' than their Kashmiri students.

RESULTS

After the interpretation and analysis of this study, the following result can be drawn, it is concluded that there is significant difference in 'Depression' between Aurangabad and Kashmiri physical education students.

SOCIAL SIGNIFICANCE

Studying the comparative depression level between physical education students in Aurangabad and Kashmir can shed light on regional variations in mental health, factors influencing depression and the impact of environment and culture on well-being. It can offer insights into different socio-cultural contexts affect mental health in educational settings. Understanding these differences can guide tailored interventions and support strategies to address mental health challenges in these regions.

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